

NATIONAL Assessment Centre Services [wef 1 Jan 05] **MNA 118 130891**

Date In: 9/10/8 13:38	Job description	Date & Time Completed	Done by
Ref No: NA/INC1801830891	SAS e-filing		
Veh No: 5GRJ222A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 8/10/8 14:30	i-Motor Claim Form	M71014997-001	9/10/8 18:09
OD / TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **5Y20X** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	(INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury : _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Date 1:	7) N1 : Idno DA + SMRT Survey \$160		
Date 2 / 3:	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N-on INC) against INC \$20		
	9) N12: Idno Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	09/10/2018 13:38
Date Of Accident	08/10/2018 14:30
Exact Location Of Accident	HONG LIM MARKET & FOOD CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR3232A
Insured/Policyholder	
Name Of Registered Owner	SOH GUAN YUAN
NRIC No	S8570965H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94596016
Alternative Phone No	OFFICE-94596016

Vehicle Particulars

Manufacturer	MINI
Model	COOPER S
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087572302-01
Cover Note Number	

Driver

Name of Driver	SOH GUAN YUAN
NRIC No	S8570965H
Date Of Birth	12/02/1985
Occupation	INDOOR
Date Of Driving Pass	24/09/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94596016
Fax Number	
Contact Number	OFFICE-94596016
EEmail Address	NOEMAIL

Address	480 SIGLAP ROAD #04-80
Postcode	454855
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EY120X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96611272
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

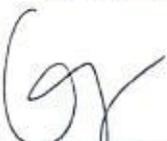
IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be completed by the **Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **reputate policy liability**.
4. The issue and acceptance of this Form by insurance companies is **not** an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



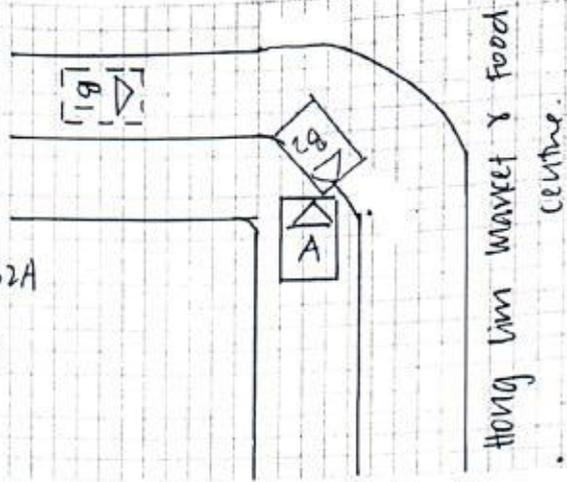
Driver's Signature
(if driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SGR3232A
Vehicle B: EY120X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SGR3232A, was stationary along the stated venue. Vehicle 'B', EY120X, came up of the slope, overtook my lane and collided onto my vehicle's front right portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 08/10/2018 (DD/MM/YYYY). TIME: 14:30 (HH:MM)

LOCATION: Hong Lim Market 2 food centre Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SAR 3232A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5087572302-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MINI Cooper
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Soh Guan Yuan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8370965H CONTACT: 9459 6016
c) ADDRESS: 480 Siglap Road #04-80 S(454855)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 12/02/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 YEARS: PASS: 24/09/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

B. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: EY120X MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: 96611272

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(01)

No of passenger
(including driver)
(01) female

No of passenger
(including driver)
()

email =

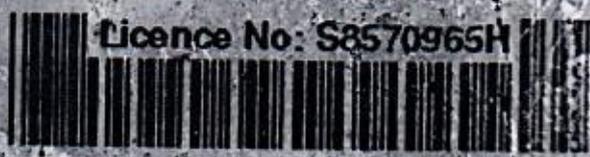
fax =

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

24 Sep

NR 428A



Licence No: S8570965H

5551872



NRIC No. S8570965H

Date of Issue
20-01-2016

Address

480 SIGLAP ROAD
#04-80
SINGAPORE 454855

Hello, NAC_PAYA_UBI_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087572302-01		SOH GUAN YUAN	S8570965H	GPC	drive CLASSIC	SGR3232A	SGR3232A	24/01/2018	23/01/2019

▼ Policy Information

Policy No.	5087572302-01	Policyholder Name	SOH GUAN YUAN	Policyholder NRIC	S8570965H
Certificate No.					
Address	480 SIGLAP ROAD #04-80 FLAMINGO VALLEY SINGAPORE 454855				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/01/2018	Effective Date	24/01/2018 00:00	Expiry Date	23/01/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	480 SIGLAP ROAD	Address 2	#04-80 FLAMINGO VALLEY	Address 3	SINGAPORE 454855
Address 4		Address Type	Singapore address	Post Code	454855
Unit No.	04-80	Related Policy Number	5087572302-01		

↳ Insured Object: SGR3232A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	24/01/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 24 Jan 2018, the following amendment(s) is/are made to this policy: INCLUSION OF NAMED DRIVER 1. SOH LAI SENG 2. SOH JIUAN JIUAN (SU JUAN JUAN)</p> <p>In view of this amendment, a refund of \$26.75 (inclusive of GST) will be adjusted against the outstanding premium.</p>
2	24/01/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 24 Jan 2018, the following amendment(s) is/are made to this policy: INCLUSION OF NAMED DRIVER 1. SOH LAI SENG 2. SOH JIUAN JIUAN (SU JUAN JUAN)</p> <p>In view of this amendment, an additional premium of \$26.75 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue Cancel

Claim Handling

Exit

Accident MT/1014997

Policy No.	5087572302-01	Vehicle No.	SGR3232A	GST Registration No.	
Certificate No.					
Policyholder Name	SOH GUAN YUAN	Policyholder NRIC	S8570965H		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94596016	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	09/10/2018 18:07	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/10/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HONG LIM MARKET & FOOD CENTRE CARPARK				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	480 SIGLAP ROAD	Address 2	#04-80 FLAMINGO VALLEY	Address 3	SINGAPORE 454855
Address 4		Address Type	Singapore address	Post Code	454855
Unit No.	04-80	Related Policy Number	5087572302-01		

OI Driver Info

Driver Name	SOH GUAN YUAN	Driver Type	Main Driver	Driver DOB	12/02/1985
Unnamed Driver Name		Driver NRIC	S8570965H	Driving Experience	15
Register Date of Driver License	24/09/2003	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	94596016	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	480 SIGLAP ROAD	Address 2	FLAMINGO VALLEY	Address 3	SINGAPORE 454855
Address 4		Address Type	Singapore address	Post Code	454855
Unit No.	04-80				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	SOH GUAN YUAN	Insured NRIC	S8570965H	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)		
Email Address		Oil Vehicle Number	SGR3232A	TP Vehicle Number	EY120X	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SGR3232A / EY120X ON 8 Oct 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	09/10/2018 18:09	Claim Close Date		Date Received	09/10/2018 00:00	
Report Taken By	Jackson					

Print AK letter.

Save Submit

Attachment

Accident No.	MT/1014997	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/10/2018 18:10

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Oct 2018 18:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Oct 2018 18:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Oct 2018 18:09	SAS	Normal	SAS 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Oct 2018 18:09	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Oct 2018 18:09	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Oct 2018 18:09	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Oct 2018 18:09	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Oct 2018 18:09	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Oct 2018 18:09	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Oct 2018 18:09	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Oct 2018 18:09	Photos	Normal	Photos 2018-10-9		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action